

**Office of Economic Opportunity  
FY 2007 Emergency Shelter Grants (ESG) Program  
MID-YEAR PERFORMANCE REPORT  
(Please Type)**

**REPORTING PERIOD: JULY 1, 2007 – December 31, 2007**

**EXHIBIT 1: GRANTEE INFORMATION**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Organization Executive Director: \_\_\_\_\_

Organization Chairperson: \_\_\_\_\_

Facility Type (check the one most appropriate category):

\_\_\_\_\_ 24 Hour Shelter                      \_\_\_\_\_ Domestic Violence                      \_\_\_\_\_ Youth

\_\_\_\_\_ DAY SHELTER                      \_\_\_\_\_ Transitional                      \_\_\_\_\_ Night Shelter

\_\_\_\_\_ Inter-Faith Hospitality Network                      \_\_\_\_\_ Other (specify) \_\_\_\_\_

Enter Shelter/Facility Name Below (if different from organization name):

\_\_\_\_\_

Shelter Address (if different): \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Shelter/Facility Director: \_\_\_\_\_

**Name and title of person who can answer questions regarding this report:**

\_\_\_\_\_ Telephone (    ) \_\_\_\_\_

**I HEREBY CERTIFY THAT ALL THE INFORMATION STATED HEREIN IS TRUE AND ACCURATE TO  
THE BEST OF MY KNOWLEDGE:**

\_\_\_\_\_  
**Signature of organization's chairperson or executive director**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**EXHIBIT 2: PERSONS SERVED DURING THE REPORTING PERIOD**  
**Do not count an individual more than once**

A. **Average daily occupancy of Shelter/Facility:** Total A \_\_\_\_\_

B. **Number of single individuals NOT in families served:**  
 Adults (18+) \_\_\_\_\_ Children(0-17) \_\_\_\_\_ Total B \_\_\_\_\_

C. **Number of Families Served:** Total C \_\_\_\_\_

D. **Number of Persons in Families Served:**  
 Adults (18+) \_\_\_\_\_ Children(0-17) \_\_\_\_\_ Total D \_\_\_\_\_

E. **Total number of unduplicated persons served during the reporting period (B + D)** Total \_\_\_\_\_

F. Of those single individuals and family members (including children) served, please identify the primary reason for their homelessness and/or need for services as identified by the person served or by your shelter staff. The primary cause of a child's homelessness should be the same as the child's parent(s). In cases where more than one response may apply, choose the one that **MOST closely characterized** the situation. **NOTE: The total of categories below should equal the total reported under 'E.'**

<u>Category</u>	<u>No. of Persons</u>	<u>Category</u>	<u>No. of Persons</u>
Chronically Homeless _____		Mentally Ill _____	
Substance Abuse _____		Disability _____	
Veterans _____		Persons w/HIV/AIDS _____	
Elderly _____		Eviction _____	
Underemployment _____		Unemployment _____	
Child Abuse/Neglect _____		Transient _____	
Release from Prison _____		Runaway _____	
Victims of Domestic Violence _____		Natural Disaster (fire, flood, hurricane) _____	

**Total \_\_\_\_\_**  
**(must equal total reported under item E)**

### EXHIBIT 3: AGE AND GENDER OF PERSONS SERVED

Answer Part (i) for single individuals **NOT** in families (see Exhibit 2B) and Part (ii) for family members (see Exhibit 2D). **Totals for Part (3i) should equal total reported under Exhibit 2B. Totals for Part (3ii) should equal total number of adults reported under Exhibit 2D. Totals for Part (3iii) should equal number of children reported under Exhibit 2D.**

	<u><b>AGE and GENDER</b></u>		<u><b>MALE</b></u>		<u><b>FEMALE</b></u>
(i)	<u>Single Individuals NOT in Families</u>				
	a. 17 & Under		_____		_____
	b. 18 - 30		_____		_____
	c. 31 - 55		_____		_____
	d. 55 & over		_____		_____
	<b>TOTAL SINGLE INDIVIDUALS</b> _____	<b>TOTAL</b>	_____		<b>TOTAL</b> _____
(ii)	<u>Adults in Families</u>				
	e. 18 - 30		_____		_____
	f. 31 - 55		_____		_____
	g. 55 - over		_____		_____
	<b>TOTAL ADULTS IN FAMILIES</b> _____	<b>TOTAL</b>	_____		<b>TOTAL</b> _____
(iii)	<u>Children in Families</u>				
	h. Under 1		_____		_____
	i. 1 - 5		_____		_____
	j. 6 - 12		_____		_____
	k. 13 - 17		_____		_____
	<b>TOTAL CHILDREN IN FAMILIES</b> _____	<b>TOTAL</b>	_____		<b>TOTAL</b> _____

#### EXHIBIT 4: VETERAN STATUS OF PERSONS SERVED

Of the total number of unduplicated persons served during the reporting period (see 2E), how many were veterans? **Please note a veteran is anyone who has ever been on active military duty status.**

	<u>Age</u>	<u>Male</u>	<u>Female</u>
Total Veterans Served	18 – 30	_____	_____
	31 – 55	_____	_____
	55 +	_____	_____
	Total	_____	_____

#### EXHIBIT 5: RACIAL/ETHNIC CHARACTERISTICS OF PERSONS SERVED

_____ White	_____ White Hispanic
_____ Black/African American	_____ Black/African American Hispanic
_____ Asian	_____ American Indian/Alaskan Native
_____ Native Hawaiian/Pacific Islander	_____ American Indian/Alaskan Native & White
_____ Other Multi-Racial	_____ Unknown

\_\_\_\_\_ **TOTAL**  
**Total number served must equal total reported under Item E, Exhibit 2.**

## EXHIBIT 6: PROGRAM ACCOMPLISHMENTS

Briefly describe the eligible activities undertaken with ESG funds during the reporting period.

### A. OPERATIONS

General Operations Costs (check the categories for which ESG funds were used.)

\_\_\_\_\_ Salaries/Fringe Benefits (Administrative Costs)

\_\_\_\_\_ Communications

\_\_\_\_\_ Travel

\_\_\_\_\_ Space Cost

\_\_\_\_\_ Supplies/Materials

\_\_\_\_\_ Equipment

\_\_\_\_\_ Contractual

\_\_\_\_\_ Other (specify) \_\_\_\_\_

	<b>Total Amount Award</b>	<b>Total Amount Obligated (as of 12-31-07)</b>	<b>Difference</b>
Administrative Costs Under Operations	\$ _____	\$ _____	\$ _____
Other Operation Costs	\$ _____	\$ _____	\$ _____
<b>TOTAL OPERATIONS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**B. SERVICES** If ESG funding for Services was received, indicate the **amount of increase** in the number of persons served in each applicable category as a result of the utilization of ESG funds.

Employment Services Increased by \_\_\_\_\_ Persons

Health Services Increased by \_\_\_\_\_ Persons

Substance Abuse Services Increased by \_\_\_\_\_ Persons

Education Services Increased by \_\_\_\_\_ Persons

Housing Referral Services Increased by \_\_\_\_\_ Persons

Nutritional Counseling Increased by \_\_\_\_\_ Persons

\$ _____	\$ _____	\$ _____
<b>Amount Awarded for Services</b>	<b>Amount obligated as of 12-31-07</b>	<b>Difference</b>

**C. HOMELESS PREVENTION** If ESG funding was received for Homeless Prevention, indicate the number of single individuals **NOT** in families and the total number of families assisted with ESG funds in the following categories.

	<u>SINGLE INDIVIDUALS</u>	<u>FAMILIES</u>
1. Number provided short-term subsidies to defray rent and utility arrearages (for those who have received eviction notices and/or utility shut-off notices)	_____	_____
2. Number provided security deposits or first month rent to enable them to move into a permanent residence	_____	_____
3. Number provided mediation services for landlord/tenant disputes	_____	_____
4. Number provided legal services in eviction proceedings	_____	_____
\$ _____	\$ _____	\$ _____
<b>Amount Awarded for Services</b>	<b>Amount obligated as of 12-31-07</b>	<b>Difference</b>

## EXHIBIT 7: TECHNICAL ASSISTANCE AND RECOMMENDATIONS

This section is intended to provide the Office of Economic Opportunity (OEO) with information regarding technical assistance needs you may have and recommendations on how OEO performance may be improved. You may attach an additional page if necessary.

- A. Based on your experience during the reporting period, are there any areas in which you may need technical assistance?
- B. In what ways can OEO improve services to you or assist your program next reporting period?
- C. Do you plan to make any changes in your use of ESG funds if funded during the next reporting period?